From:

06/14/2013 11:38

#691 P.002/018

TO LEIVIE IN	F OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) D	MAPPROMO 0. 0938-0 ATE SURVEY DMPLETED
IAME OF B	ROVIDER OR SUPPLIER	44E200	B. WING			
	BROOK SANITARIUM		ļ ¹	REET ADDRESS, CITY, STATE, ZIP CODE	0	5/29/2013
(X4) ID PREFIX TAG	VEWOR DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)		(X6) COMPLET DATE
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD		K 018	K 018 NFPA 101 LIFE SAFET CODE 1) On 6/3/13 the Maintena staff repaired the hinges on corridor door to resident #1 room to allow the door to c freely. The non-approved k stands found in the 4 – bed (parlor) and west wing smok doors at the exit were remoimmediately upon finding or 5/29/13.	ance the lose kick ward ke	Clith
de no Th Oi Su an 1.	exection observation exermined the facility of impediments to close findings include: observation and intervipervisor, on May 29, d 4:00 p.m. confirmed The corridor door to be freely in its door for the corridor of the cor	resident room #1 failed to		 2) The Maintenance Manage staff checked all other reside room doors for proper closin No other doors were found to needing repair. 3) To ensure that all doors we properly, door checks will be added to the monthly checks conducted by maintenance staff. 	ent's g. o be ork	
2. a r 3.	The 4-bed ward (par ion-approved kicksta The west wing smok	lor) door was held open by		beginning 6/15/13.		

An deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that considering the date of survey whether or not a plan of correction is provided. For nursing homes, the findings stated above are disclosable 90 days days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2013 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED 44E200 NAME OF PROVIDER OR SUPPLIER 05/29/2013 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 018 Continued From page 1 4) Beginning 6/3/13 the K 018 held open by a non-approved kickstand device. Maintenance Manager will These findings were verified by the Maintenance Supervisor and acknowledged by the report outcomes of the monthly Administrator during the exit conference on May checks to the quarterly QAPI 29, 2013, NFPA 101 LIFE SAFETY CODE STANDARD K 025 committee meeting and the K 025 SS≂F Administrator will ultimately Smoke barriers are constructed to provide at least a one half hour fire resistance rating in communicate to the Governing accordance with 8.3. Smoke barriers may Body at their meetings. terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct K 025 NFPA 101 LIFE SAFETY 6/12/13 penetrations of smoke barriers in fully ducted CODE heating, ventilating, and air conditioning systems. 1) On 6/12/13 the penetrations 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 identified by surveyor in the following areas – opening in the smoke wall above the smoke This STANDARD is not met as evidenced by: Based on observation and interview, it was doors by room 18, wall in determined the facility falled to maintain smoke basement corridor to the barrier's fire rated construction. laundry room, ceiling in the east The findings include: 1. Observation and interview with the linen room, kitchen ceiling to the Maintenance Supervisor, on May 29, 2013 at 3:25 left side of the dishwashing p.m. confirmed damaged grout and unsealed openings in the smoke wall above the smoke hood, Kitchen dry storage room doors by room 18. ceiling were filled using fire stop 2. Observation and interview with the Maintenance Supervisor, on May 29, 2013 at 3:25 caulk. p.m. confirmed unsealed penetrations in the following areas: a. The wall in the basement corridor to the laundry room had an unsealed opening.

ALCMEN!	OF DEFICIENCIES F CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	FORM APPR OMB NO. 0938 (X3) DATE SURV COMPLETES	
		44E200	B. WING			
.ME OF PR	OVIDER OR SUPPLIER				05/30/201	
AURELB	ROOK SANITARIUI	M		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
X4) ID REFIX TAG	LEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	iD PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS DEEPERSON	(X5)	
		THO INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLE NATE DATE	
)	_			2) Maintenance Manager and	;	
	•]	staff checked other areas of the		
į	4		} :	facility but did not find any more	e	
				penetrations.		
				3) The facility's penetrations are	,	
				monitored on a monthly basis in		
		·		the monthly safety surveillance		
				rounds by the Maintenance		
				Manager and staff. All contract		
ŀ		,		providers that conduct repair or		
				installation will be given a]	
		ł		written letter about repairing		
	•		.	penetrations they create before leaving the facility.		
ı	,	į	j	4) The Maintenance Manager		
İ	,	`		will report the outcomes of the		
ļ		•		penetration checks to the		
	•		1	Administrator and to the		
		}		quarterly QAPI Committee and		
		}		the Administrator will ultimately		
	•			communicate to the Governing Body at their meetings.		
				A action meanings.		
}	•	, j				
DESTINO OF	Previous Versions Obso			•	[

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TATEME ND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	MB N	ED: 05/31/2 RM APPROV IO. 0938-0
			A. BUILD	ING 01 - MAIN BUILDING 01	(X3) C	ATE SURVEY
	PROVIDER OR SUPPLIER	44E200	B. WING		1	
	LBROOK SANITARIUM	•		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE	<u> 0</u>	5/29/2013
(X4) ID	SUMMARYSTAT	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
PREFIX TAG		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRI	V BE RIATE	(X5) COMPLETIC DATE
K 025		ie 2	K 02	JOS TOLENGY)		
1	Administrator during 1 29, 2013. NFPA 101 LIFE SAFE One hour fire rated cofire-rated doors) or an extinguishing system is and/or 19.3.5.4 protect the approved automatioption is used, the are other spaces by smoked doors. Doors are self-	ge room ceiling. verified by the Maintenance owledged by the the exit conference on May et a conference on May et a conference on May et a conference on May enstruction (with % hour approved automatic fire in accordance with 8.4.1 and a conference of the extinguishing system as are separated from the resisting partitions and closing and non-rated or plates that the resisting are resisting and non-rated or plates that the resisting are resisting and non-rated or plates that the resisting are resisting and non-rated or plates that the resisting are resisting are resisting and non-rated or plates that the resisting are resisting are resisting are resisting are resisting and non-rated or plates that the resisting are resisti	K 029	K029 NFPA 101 LIFE SAFETY CODE STANDARD 1) On 6/3/13 door closers were installed on the following doors: Basement maintenance shop, b) Basement kitchen emergency stor room, c) Basement housekeeping storage room, and d) Basement lin overflow storage room by maintenance staff. Three (2) 1	rage nen	G/20/13
in m Ti 1. M 1(ro co do a.	nterview, it was determ naintain hazardous are he findings include: Observation and intel aintenance Supervisol 0:00 a.m. and 4:00 n.m.	ined the facility failed to as. riview with the r, on May 29, between a confirmed the following uare feet, used to store were not provided with		have been ordered for basement crawl space and a door for the sprinkler room. Order date was 6/6/13 with delivery date of 6/10/1 Installation will be done by Maintenance Manager and staff wi 10 days allowed	3.	

INIEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	ULTIPLE CONSTRUCTION LDING	FORM APPR OMB NO. 0938 (X3) DATE SURV COMPLETE	
		44E200	B. WIN	lG		
AME OF PR	ROVIDER OR SUPPLIER				05	5/30/2013
AURELE	ROOK SANITARIUI	М		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	LEACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	EACH CORRECTIVE ACTION CHOICE		(X5) COMPLETIC DATE
				for installation and to add the	1	
]	door closer once doors have	-	
	:			been installed. Completion da	ate	ŀ
i	‡			will be 6/20/13. A rated door		
] :	was installed in the fire pump		
ļ.		•		room on 6/6/13. The fire pum	ip q	
İ				room headwall joint was seale	ed	
Į.		•		with fire caulk on 6/6/13.		
		ļ		2) The Maintenance Manager	&	
ŀ		{	,	staff checked other doors for		
		9		needed door closers. No othe	er	
				doors were found to need a		
				closer.	ŀ	
				3) Doors have been ordered for	or	
	•	·		Basement crawl space and	ļ	
				sprinkler room on 6/6/13 and	- 1	
	,			delivery is expected on 6/10/1	.3.	
				Installation will be completed 6/20/13.	by	
				4) Beginning 6/3/13 the		
				Maintenance Manager will		
				report to the quarterly QAPI		
	÷.	<u> </u>		committee meeting and the	}	
1		į		Administrator will ultimately		j
1		· }		communicate to the Governing		i
				Body at their meetings.		}

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 05/31/2013 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E200 B. WING AME OF PROVIDER OR SUPPLIER 05/29/2013 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X5) COMPLETION TAG DATE DEFICIENCY) K 029 / Continued From page 3 K 029 c. Basement kitchen emergency storage room d. Basement housekeeping storage room e. Basement linen overflow storage room f. The west sprinkler room fire door 2. Observation, record review, and interview with the Maintenance Supervisor, on May 29, at 9:45 a.m. confirmed the fire pump room was not provided with a rated door as shown on the building drawings. 3. Observation and interview with the Maintenance Supervisor, on May 29, at 9:45 a.m. confirmed the fire pump room headwall joint was not sealed with fire caulk. K 056 NFPA 101 LIFE SAFETY These findings were verified by the Maintenance 7/12/13 Supervisor and acknowledged by the CODE STANDARD Administrator during the exit conference on May 29, 2013, NFPA 101 LIFE SAFETY CODE STANDARD K 056 K 056 SS=F If there is an automatic sprinkler system, it is 1) On 6/11/13 facility installed in accordance with NFPA 13, Standard management contracted with a for the Installation of Sprinkler Systems, to sprinkler company to install the provide complete coverage for all portions of the building. The system is properly maintained in sprinklers in the following areas accordance with NFPA 25, Standard for the -1) Outside walk-in freezer, 2) Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully the exit vestibule between the supervised. There is a reliable, adequate water public bathrooms, 3) Below the supply for the system. Required sprinkler systems are equipped with water flow and tamper skylight in the dining room. The switches, which are electrically connected to the estimated completion date is building fire alarm system. 7/10/13. The tamper switches on the outside valve pit will be corrected by an outside vendor This STANDARD is not met as evidenced by: and is expected to be completed Based on observation and interview, it was by 7/12/13. (Exhibit 15)

		ENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
MARKE OF BOOK		44E200	B. WING	•	1	
NAME OF PRO	NAME OF PROVIDER OR SUPPLIER				05	/30/2013
LAURELBE	OOK SANITARIUM		1	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
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]:		O IDENTIFFING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE RIATE	(X5) COMPLETI DATE
-				2) The Maintenance staff will	·	
	•		}	inspect sprinkler valves bi-		
:	· }			monthly and record on chart.		
				3) The facility's sprinkler chewill be monitored maintenance staff to check water flow and tamper swithe Administrator will revite monthly surveillance loggensure checks of sprinkler heare inspected for any need repairs. An outside vendor be used to test the Automis Sprinkler system (valves, linheads, alarms and water primilevels) quarterly and every years for hydrostatic test standpipes (dry), flush pip calibrate pressure gauge a high temperature heads).	the tch. iew s to ads ded will atic les, ing of es,	
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		AND HUMAN SERVICES 8 MEDICAID SERVICES			PDIA	P 23/2
STATEME ND PLA	NT OF DEFICIENCIES N OF CORRECTION	I (AT) PROVIDED/CLIDG: HED/ALL.			1.01	ED: 05/31/ RM APPRO
:		IDENTIFICATION NUMBER:	(X2) ML	ILTIPLE CONSTRUCTION	OMB 4	<u>10. 0938.</u> (
<i>*</i>	,		A. BOL	DING 01 - MAIN BUILDING 01	(X3) C	ATE SURVE
NAME OF	PROVIDER OR SUPPLIER	44E200	B. WING	·		co.16D
	LBROOK SANITARIUM	•		STREET ADOPTED	0	5/29/2013
				STREET ADDRESS, CITY, STATE ZIP GODE 114 CAMPUS DRIVE		
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES		DAYTON, TN 37321		
TAG	REGULATORY OR LE	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL DIDENTIFYING INFORMATION)	PREFI	PROVIDER'S PLANDE CORRECT	7/04	
	· · · · · · · · · · · · · · · · · · ·	- THE WITCH CONT.	TAG	CROSS-REFERENCED TO THE SHO	ULD BE	COMPLETE
K 056	Continued From page		-	DEFICIENCY)	OPRATE	DATE
	delemined From page	9.4	KO			
:		areas were sprinkled and connected to the fire alarm				}
!	system.	wiele est au or orange		1		1
. f	The findings include: 1. Observation and ini Maintenance Sugar			}		{
:	Maintenance Supervisibetween 10:00 s m	erview with the		4) 71		
	between 10:00 s.m. ai	or on May 29, 2013 nd 4:00 p.m. confirmed the	1	4) The Maintenance Manag	er	
	COVERAGE	or highlige will striukler		will report the outcomes of t	the	
i a	3. Outsida walk is essa.	zer.	1	sprinkler installation and test	ting	
j 14	The exit vestibule be pathrooms.	tween the public		to the Administrator upon		
í c	Below the cladless in	49	!	completion and to the quarte		
2	Observation and inte	View with the		QAPI Committee and the	≇riy	
D.	IT. Confirmed the trans	r on May 29, 2013 at1:00		Administrator will ultimately	1	
, Of	Itside valve of were	of connected to the fire	1.4	communicate to the Governir	- 1	
, and Th	arm system.	A THE PARTY OF THE STILE		Body at their man	rg	- 1
Su	ipervisor and acknowld	fied by the Maintenance	<u>.</u> ,	Body at their meetings.	- 1	1
Ad	ministrator during the , 2013.	exit conference on May			- 1	- 1
762 NF	PA 101 LIFE SAFETY	Daniel Dil May				1
S=F	A CHIE SHELY	CODE STANDARD	K 062	K 062 NFPA 101 LIFE SAFETY		, , [
Re	quired automatic sprin	kler systems are	11	CODE STANDARD	17/	29/13
Con	itinuously maintained ! dition and are inspectionally	n reliable operating	16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1) On 6/3/13 the Administrator	- 1	1
peri		74 용기대 (BRIDA)	TELL Character Character Tellis	contacted vendor who had been	r	- 1
9.7,	6	THE PARTS, NEPA 25,	100 mm. 100 mm	working with the facility on fire	1	
:		1	-12. L	pump capacity. The vendor is		1
,				Working with the Plans Review	İ	.
This	STANDARD is not m	et as evidenced hv.		Section of the Department of H.	alth	1
revie	W. It was determined	relatent and Lecold		with this deficiency.	~uuui	- 1
main	tain the sprinkler elect	ne racility falled to	·	·	1	
	WALEIOX MANUAL:	•		On 5/24/13, Laurelbrook was Co	C'd	1
	scord review with the I	Maintenance		man email from a vendor The		ł
2507(02.99) Previous Versions Obsolete			mail shows the vendor's	- 1	- 1

O INTEMENT	OF DEFICIENCIES CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MUL A. BUILDI	(X2) MULTIPLE CONSTRUCTION A. BUILDING		PPRO 1938-(SURVE SETED
		44E200		B. WING		
NAME OF PR	OVIDER OR SUPPLIER		—!-— <u>-</u>	PTREET ADDRESS	05/30	<u>/2013</u>
LAURELB	ROOK SANITARIUI	M	(STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321		
(X4) ID PREFIX TAG	LEAUH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES		(XS) OMPLET DATE
				DEFICIENCY)		 ··· <u>-</u>
	; ;			discussion with the Department of Health Plans Review. The	nt	
			:	vendor has been instructed to engage a fire prevention		
				specialist to perform a study of the flow demand of the sprinkly		
		•		system and compare it to the water demand that the pump i		
			j	capable of supplying. The vend	or	
				will be here on 6/17/13. A lette will be drafted and sent to the	er	
				Department of Health Plans Review to address this issue.		
<u>.</u>	•			This vendor will also repair the		
	,			sprinkler head in the kitchen th was corroded and the leak at th	ie	
ļ			!	suction side of the fire pump. A spare sprinkler head will be		
	•			provided by the same vendor. Expected completion date is be		
			İ	7/29/13.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		44E200 B. WI		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		APPROV 0938-0 SURVEY AETED
NAME OF PROVIDER OR SUPPLIER LAURELBROOK SANITARIUM			s	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	05/30/20	
(X4) ID PREFIX TAG	LEACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	D Dr	(X5) COMPLET DATE
				On 3/8/13 the water storage tank that supplies the backup water supply was inspected be the Department of Environment and Conservation. Letter of inspection is maintained in the CEO's office. (Exhibit 20) 2) The Maintenance staff will monitor sprinkler heads for water flow and tamper switch bi-monthly and record on their checklist when replacement is needed.	e r	
				3) The facility's sprinkler check are done by Maintenance staff but an outside vendor is also engaged to inspect and test per regulations.		

A 1V I EWE	NT OF DEFICIENCIES N OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	OMB NO (X3) DAT	E SURVEY
		44E200	B. WING		CON	PLETED
LAURELBROOK SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE			29/2013
(X4) ID PREFIX TAG	I LEAUR DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	1	(X5) COMPLETK DATE
	Supervisor, on May confirmed there was to show the water st water to the fire main being maintained. 2. Record review wi Supervisor, on May: confirmed the fire puwas unable to run at run at 91% capacity. 3. Observation and i Maintenance Supervip.m. confirmed one okitchen was corroded. 4. Observation and i Maintenance Supervip.m. confirmed the supervip	29, 2013at 1:55 p.m. In o documentation provided orage tank, that supplied orage tank, that supplied orage tank, that supply, was the the Maintenance 29, 2013at 1:55 p.m. Imp flow test dated 4/23/13 50% rated capacity. It was at 680 GPM. Interview with the isor, on May 29, 2013at 1:55 of five sprinkler heads in the literal control of the fire pump the backflow preventer. The Maintenance Supervisor, ween 10:00 a.m. and 4:00 tare head cabinet in the las not provided with ds which were found in the	K 062	4) The Maintenance Manage will report the outcomes of the sprinkler head replacement a inspections to the Administration upon completion and to the quarterly QAPI Committee are the Administrator will ultimate communicate to the Governing Body at their meetings.	he and ator ad	
< 069 SS=F	These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2013. NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96		K 069	K 069 NFPA 101 LIFE SAFETY CODE STANDARD 1) On 6/11/13 the facility management has contracted with an outside vender to add a module to the hood suppression	a	112/13
	pased on record revie	ot met as evidenced by: w and interview, it was al cooking equipment was		system in the kitchen The proposed completion date is 7/12/13 (Exhibit 18)		

ATEMENT D PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	OMB NO. 0938 (X3) DATE SURV COMPLETED	
	<u> </u>	44E200	B. WING_			
	OVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE DAYTON, TN 37321	05/30/201	
X4) ID REFIX TAG	(≿ACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORDE		(X5) COMPLET DATE
	: ;			2) The Maintenance staff will monitor the hood suppression system and record on chart. Ar outside vendor will be contracted to monitor and test the system per policy and regulation.) 	
				3) The facility's hood suppression system in the kitchen will be monitored by maintenance staff;		
				Maintenance staff will check monthly to ensure it is working and no repairs are needed. This will be effective 6/28/13.		
				4) The Maintenance Manager will report the outcomes of the inspections and testing to the Administrator upon completion and to the quarterly QAPI		
	;			Committee and the Administrator will ultimately communicate to the Governing Body at their meetings.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/31/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E200 8. WING ... AME OF PROVIDER OR SUPPLIER 05/29/2013 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (X5) COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 069 Continued From page 6 K 069 not tied to the fire alarm system. The findings include: Record review and interview with the Maintenance Supervisor on May 29, 2013 at 3:45 p.m. revealed the fire alarm service company report dated 3-26-13 stated, "Kitchen hood not tied to FACP." The Maintenance Supervisor informed the surveyor he was aware of this but it had not been corrected. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2013. K 071 NFPA 101 LIFE SAFETY CODE STANDARD K 071 K 071 NFPA 101 LIFE SAFETY SS≃D 6/s/B Rubbish Chutes, Incinerators and Laundry CODE STANDARD Chutes: 1) On 6/5/13 self closing (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens mechanism was installed on the directly onto any corridor is sealed by fire resistive laundry chute by maintenance construction to prevent further use or is provided with a fire door assembly having a fire protection staff and verified by rating of 1 hour. All new chutes comply with Administrator and Maintenance section 9.5. Manager. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided 2) There were no other linen or with automatic extinguishing protection in trash chutes to repair. accordance with 9.7. (3) Any trash chute discharges into a trash 3) Effective 6/5/13 the nursing collection room used for no other purpose and staff will report to maintenance protected in accordance with 8.4. (4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use.

19.5.4, 9.5, 8.4, NFPA 82

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 44E200 NAME OF PROVIDER OR SUPPLIER 05/29/2013 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (XS) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 071 Continued From page 7 K 071 any issues or problem with the laundry chute for repair. This STANDARD is not met as evidenced by: 4) Beginning 6/5/13 the Based on observation and interview, it was determined the facility failed to ensure the laundry Maintenance Manager will chute door was self-closing. report any issues concerning the The findings include: Observation and interview with the Maintenance laundry chute to the quarterly Supervisor, on May 29, 2013 at 2:10 p.m. QAPI committee meeting and confirmed the trash chute door was not the Administrator will ultimately self-closing. This finding was verified by the Maintenance communicate to the Governing Supervisor and acknowledged by the Administrator during the exit conference on May Body at their meetings. 29, 2013, K 144 NFPA 101 LIFE SAFETY NFPA 101 LIFE SAFETY CODE STANDARD 3 144 K 144 7/22/13 **CODE STANDARD** SS≃F Generators are inspected weekly and exercised under load for 30 minutes per month in 1) On 6/12/13 the facility accordance with NFPA 99. management has contracted with an outside vender to evaluate and provide a quote to move the annunciators of the emergency generator to a continuous monitored location. The old emergency did not have This STANDARD is not met as evidenced by: documentation to show any Based on observation and interview, it was determined the facility failed to ensure the annual 2 -hour load bank test emergency generators were maintained. and this will be completed by an The findings include: 1. Observation and interview with the outside vendor. The estimated Maintenance Supervisor, on May 29, 2013 at completion date is 7/29/13. 11:15 a.m. confirmed the two emergency

(Exhibit 17)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/31/2013 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E200 NAME OF PROVIDER OR SUPPLIER 05/29/2013 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 (X4) ID PREF(X SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 8 K 144 2) The Maintenance staff will generators were not provided with remote annunciators located in a continuously monitored monitor the emergency location. The new emergency generator had a generators and record the remote annunciator in the mechanical equipment room and the old emergency generator was not checks weekly and monthly and provided with remote annunciation. record on log. An outside vendor 2. Record review with the Maintenance Supervisor, on May 29, 2013 at 11:15 a.m. will be contracted to monitor confirmed the two emergency generators did not and test the emergency have documentation to show any annual 2-hour load bank test had been performed. generator annually. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May The facility's emergency 29, 2013. generator is monitored by maintenance staff per facility policy and regulations. Maintenance staff will check monthly to ensure it is working as required. This was effective 6/3/13. 4) The Maintenance Manager will report the outcomes of the inspections and testing to the Administrator and to the quarterly QAPI Committee and the Administrator will ultimately communicate to the Governing Body at their meetings.